



2008 – 2009  
**ARIZONA HIGHLY QUALIFIED ATTESTATION FORM**  
**SPECIAL EDUCATION: Not Teacher of Record (K-12)**

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Teachers who are not the teacher of record.

Name:		District:	
SSN (last 4 digits):		School:	

Please check where applicable:

1. ☐ Holds a bachelor's degree

**and**

2. ☐ Holds a valid Arizona Special Education Certificate (intern, provisional, reciprocal, or standard)

a. List Disability Area(s): \_\_\_\_\_  
\_\_\_\_\_

**and**

3. ☐ **Not Teacher of Record** (Special education teachers who do not directly instruct students in core academic subjects, or who provide only consultation to highly qualified teachers.)

4. Teaching Assignment: \_\_\_\_\_  
Grade(s)

\_\_\_\_\_ Disability Area(s) \_\_\_\_\_ Periods Taught

*If you checked 1, 2 and 3, under federal guidelines, you are considered **highly qualified**.*

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**  
(Individual Teacher Plan Required)

I attest to the factual completion of this evaluation.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date